

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000012909

Entity Name: H & H HAULING, LLC

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1460 HIDEAWAY BEND  
WELLINGTON, FL 33414

**New Principal Place of Business:**

P O BOX 61  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

1460 HIDEAWAY BEND  
WELLINGTON, FL 33414

**New Mailing Address:**

P O BOX 61  
LOXHATCHEE, FL 33470

FEI Number: 05-0537791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HATTON, CHARLES  
1460 HIDEAWAY BEND  
WELLINGTON, FL 33414      US

**Name and Address of New Registered Agent:**

HICKEY, JAMES J  
12798 SPINNAKER LANE  
WELLINGTON, FL 33414      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES J. HICKEY

01/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: HICKEY, JAMES J  
Address: 12798 SPINNAKER LANE  
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES J. HICKEY

PRES

01/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date